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PTO/SB/21 (09-04)
Approval for use through 07/31/2006. OMB 0651-0031

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	Application Number	10/017,232			
TRANSMITTAL FORM	Filing Date	December 13, 2001			
FORM	First Named Inventor	Michael Charles LaCroix			
	Art Unit				
(to be used for all correspondence after initial filing)	Examiner Name				
Total Number of Pages in This Submission	Attorney Docket Number	2115015US1AP			
EN	ICLOSURES (Check all that app	olv)			
Fee Transmittal Form	Drawing(s)	After Allowance communication to (TC)			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Addre	ss Status Letter			
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request	Request for Refund	Request for Withdrawal as Attorney or Agent and Change of Correspondence Address			
Information Disclosure Statement	CD, Number of CD(s)				
Certified Copy of Priority Document(s)	Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application	rks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53					
CICNATUR	E OF ADDI IOANT ATTORNEY	OD ACENT			
Firm Name	E OF APPLICANT, ATTORNEY, (OR AGENT			
SAND & SEBOLT					
Signature A MM					
Printed name Joseph A. Sebolt					
Date 9-14-05 Reg. No. 35352					
CERTIFICATE OF TRANSMISSION/MAILING					
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.					
Signature (both of Ruenlyne)					
Typed or printed podi L. Ruehling name		Date 9.14.05			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/017,232	
Filing Date	December 13, 2001	
First Named Inventor	Michael Charles LaCroix	, , , , , , , , , , , , , , , , , , ,
Art Unit	•	
Examiner Name		
Attorney Docket Number	2115015US1AP	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me	as attorney or agent for the above in	dentified pa	tent application,	and		
all the attorney	/s/agents of record.					
the attorneys/a	agents (with registration numbers) lis	ted on the	attached paper(s), or		
√ the attorneys/a	agents associated with Customer Nu	mber	000027542			
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The reasons for this requ	uest are:					
	CORRESPOND	ENCE A	DDRESS			
1. The corresponde	ence address is NOT affected by this	withdrawa	i.			
2. Change the corr	espondence address and direct all fu	iture corres	spondence to:			
The address associated with Customer Number:						
OR		`				
Firm <i>or</i> Individual Name	Jeffrey A. Wolfson					197.
Address WINSTON & STRAWN 1400 L Street, NW						
City	Washington	State D.	C.		Zip	20005
Country	Country USA					
Telephone						
Signature / ////						
Name Seph A. Sebo	olt		Registration		35,352	
Date 9-14-05 Telephone No. 330-244-1174						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (04-05) Approved for use through 11/30/2005. OMB 0651-0035

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10/017,232	
December 13, 2001	-
Michael Charles LaCroix	
2115015US1AP	
	December 13, 2001 Michael Charles LaCroix

To: Commissioner fo P.O. Box 1450 Alexandria, VA 22				
·	as attorney or agent for the above ide	entified patent a	pplication, and	
	s/agents of record.			
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	gents associated with Customer Num	<u> </u>	000027542	
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1. The corresponde	ence address is NOT affected by this	withdrawal.		
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The address associ	ated with Customer Number:			
OR				
Firm <i>or</i> Individual Name	Jeffrey A. Wolfson			
Address	WINSTON & STRAWN 1400 L Street, NW			
City	Washington	State D.C.		Zip 20005
Country	USA			
Telephone			Email	
Signature	MA		1	***
Name Joseph A. Sebo	olt	•	Registration No.	35,352
Date 9.14.05 Tel			Telephone No.	330-244-1174
	then approved rather than when received. Unlesse or possible extension period, the request to w			val of withdrawal and the expiration

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Art Unit		
Examiner Name		
Attorney Docket Number	2115015US1AP	

To: Commissioner fo P.O. Box 1450	r Patents					
Alexandria, VA 22	2313-1450					
Please withdraw me	as attorney or agent for the above ic	lentified patent	application, and			
all the attorney	s/agents of record.					
the attorneys/a	gents (with registration numbers) list	ted on the attac	hed paper(s), or			
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·····	CORRESPOND	ENCE ADD	RESS			
1. The corresponde	ence address is NOT affected by this	withdrawal.				
2. Change the corre	espondence address and direct all fu	iture correspond	dence to:			
The address associ	The address associated with Customer Number:					
OR						
Firm <i>or</i> Individual Name	Jeffrey A. Wolfson					
Address	WINSTON & STRAWN 1400 L Street, NW		- 1 <u>3</u>			
City	Washington	State _{D.C.}		Zip 20005		
Country	USA					
Telephone			Email			
Signature /	MIS					
Name Joseph A. Sebo	olt		Registration No.	35,352		
Date 4-14-05		<u></u>	Telephone No.	330-244-1174		
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